

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

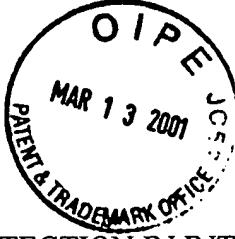
In Re the Application of:

Papa Rao et al.

Filed: 10/05/00

Serial No.: 09/679,796

Title: X-RAY DEFECT DETECTION IN INTEGRATED CIRCUIT METALLIZATION



Docket No.:

TI-29098

Examiner:

TBD

Art Unit:

2621

Receipt
#3
DBL14-
4-01-01

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, DC 20231

Attn: Office of the Initial Patent Examination's
Customer Service Center

Sir:

MAILING CERTIFICATE UNDER

37 C.F.R. § 1.8(a)

I hereby certify that the above correspondence is being
deposited with the U.S. Postal Service as First Class
Mail in an envelope addressed to: Assistant
Commissioner of Patents, Washington, D.C. 20231 on:

Marianna Smith 3-9-01

Marianna Smith

Date

Enclosed is a photocopy of the filing receipt received from the United States Patent and Trademark office in the above-identified application. The filing receipt is erroneous in that the Continuing Data as Claimed by Applicant is missing.

Phrase should read: Continuing Data as Claimed by Applicant -

THIS APPLICATION CLAIMS BENEFIT OF 60/168,204 FILED 11/30/99..

Applicants respectfully solicit a corrected filing receipt from the United States Patent and Trademark Office, and request that no fees are necessary for the above change.

Respectfully submitted,

Jacqueline J. Garner

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COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/679,796	10/05/2000	2621	710	TI-29098	2	19	2

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FILING RECEIPT



OC000000005608467

Date Mailed: 12/08/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Satyavolu Papa Rao, Dallas, TX ;
 Basab Chatterjee, Plano, TX ;
 Richard L. Guld, Dallas, TX ;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 12/08/2000

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DEC 18 2000

Title

BEN KROGER

X-ray defect detection in integrated circuit metallization

Preliminary Class

382

Data entry by : MOLLISH, CHRISTINE

Team : OIPE

Date: 12/08/2000





FILED 2001
UNITED STATES PATENT AND TRADEMARK OFFICE

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CONFIRMATION NO. 8657

Bib Data Sheet

SERIAL NUMBER 09/679,796	FILING DATE 10/05/2000 RULE	CLASS	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. TI-29098
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APPLICANTS

Satyavolu Papa Rao, Dallas, TX;
Basab Chatterjee, Plano, TX;
Richard L. Guldi, Dallas, TX;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/168,204 11/30/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED ** 12/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	2	19	2
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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TITLE

X-ray defect detection in integrated circuit metallization

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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